

ISDB Committee Meeting

October 28, 2005

JR Wms. East Conference Room, Boise

9:00 a.m. **Karen McGee called the meeting to order.**

The meeting began with open forum, allowing 5-10 minutes for public comment.

Wes: Urgent changes are needed in deaf education in Idaho. Major improvements are needed. We all agree with that. The Council for the Deaf and Hard of Hearing compliments your committee on listening to us. You have proved that you will listen to everyone and anyone and hear what they have to say. We feel that the document is a thorough document, and that you did a fantastic job of taking a snapshot of the past and of the present and making a few suggestions for the future. May I speak openly for a few more minutes? One of the council members does not concur to what I have to say, but all the other members do. The council is very concerned with the time frame in which the long-term decisions are being made. If I understand correctly, this subcommittee is to reach a final decision within two or three weeks as scheduled. We feel that there are two major missing links to this process. We feel the first is there is not one deaf person on this committee. This is a concern from the deaf community. They are very capable of knowing what is best for them. There is not one deaf person on this subcommittee. Furthermore, there is not one deaf expert on education in this subcommittee. You each are very qualified in your own fields. We don't have a person who has years of experience in the deaf education and the statewide system. The council feels the sense of urgency that these parents are expressing. Changes needed to be made yesterday, five years ago, but to make the changes quickly may haunt us for years to come. The council has -- that is one missing link. The other missing link is a future on delivery models. You took the past and the future and projected a few things in the future. But it was not designed to get the feasibility of a few delivery models. We are concerned without this based approach, we will be making decisions that will haunt us because we don't have all the facts. So the council has three recommendations for the subcommittee. The first one is please slow down. I don't know how to use any stronger language than this. Please extend the time that you will be making the recommendations. The second recommendation is please engage experts who know the stuff. Engage experts who can do a scientific study on all the efforts that might be made to compliment the group. The third recommendation that the council offers is the council is prepared to offer a statement of recommendations with the understanding that the board members are experts in deafness and hearing loss and in providing to these people. Any recommendations we may give need to be scientifically expressed. How much would it cost? Do we have the ability to accomplish what we need to accomplish in the next few years?

Kahill I am a parent of a 11 year-old oral child with a profound hearing loss. We made the choice to go with the option early on. He got implanted at 3 and a half with a cochlear implant, and he is doing very well. He was mainstreamed from the start. When we found out he was deaf for the first year or two the doctor told us something we didn't understand. He said get this child out of this state. There are great things happening in other states. Here we are nine years later having this same debate. So I would ask that the committee look seriously at making the changes. We met years ago about why we don't have oral options in the state. When my wife asked me to come and speak today, I said not again. I would rather beat my head against the sidewalk because nothing ever seems to change. I think from the testimony I have heard this morning, it is very encouraging that maybe these changes will come about. It is time for the subcommittee to listen and bring in some experts. I have read this from Harvey before and 40 percent of the cochlear implants are not effective. That we don't have the money to hire an oral educator. We make choices every day with the money that we spend. The choice was not made to allocate more funds to the oral option. It is the choices that are not made and to listen to the parents who are getting the implants for the children. Technology is here to stay. You can get on board with the oral options, or it is going to run us over. It is coming guys and it is here. Parents are making choices. When we learned that our child was deaf, we got on the Internet and we were told some of the choices we were making were wrong. And I would like to show them my deaf student is an A student and is mainstreamed. I have been here before, and are you going to make changes or not? It is time and changes need to be made.

Steven : Good morning. My name is Steven and I have a cochlear implant. I have had it for two years now, and I can't tell you how wonderful it is in terms of auditory hearing. I am 45 years old and I have auditory hearing. I would be using sign language and relying on people to help me. I didn't want that and I am very grateful that my parents made the choice to make me oral. With that I just want to give you a little background about myself and that I have a profound deafness. I was way behind because it was found at 2 and a half years old. I was given hearing aids, and I could hear environmental sounds, but not understand speech. I was mainstreamed and got through high school and went to college and got a degree. All of this without tutors. I moved to Idaho in 1997, and I was shocked that when I went to Gooding. I thought that is not a place to grow up. In other states, they are very good at helping the deaf and hard-of-hearing. I have been trying to get education for the deaf and hard-of-hearing. It is a lot of work, and I thank you for being here and spending the time to do this. I am very strong toward the auditory verbal training, and it gives you the option to do what you can do. I encourage all of you to look at the options and maybe relocating the school to here in Boise so the parents can get jobs and be able to be with their travel family. They could get a public education, and it would help the deaf. My sister Debbie will go out of her way to help. I am grateful for that. Twenty years ago when cochlear implants were first introduced, I waited because wanted it to be perfected. I have watched at least two dozen people over the last twenty years, and in 2002 Debbie and I went to a deaf and hard of hearing conference. And when I went I asked them how much of device hard wear is in your eyes. They told me five to ten and maybe tops ten. I thought I have worked for twenty years in information technology, and we have technology around us and back then the technology was not like what it is today. I just thought if I had that technology back then I would be surprised with what I could do today. I have worked in many places and all of that time I relied on lip reading. And with the cochlear implant I have an opportunity and I can hear the kids behind me so I challenge all of you, and Mr. Jones to look at all the options. I was kind of disheartened when I looked at this committee meeting that was held on the 17th of October that Harvey said it was a transplant. And it is not a transplant, it is an implant and that twenty percent of the children are not even candidates for cochlear implants. But out of the 80 percent that are implanted twenty percent work out. I can give you the facts and I don't know where he got the figures, but it is 80 to 90 percent. I just wanted to bring that to your attention.

Elizabeth: Hi, I am just here to simply say that I have a son that is five and has a cochlear implant. I am here because I am concerned about some comments that were made. First of all some comments made by the superintendent of ISDB who is supposed to be directing the oral and deaf at ISDB. He said with the resources available and for the families the cochlear implants are not the best. Even with some of the experts in the field and those implanted at 12 months, they still need speech therapy and sign language. This shows a lack of knowledge about cochlear implants, and he is supposed to be directing the instruction of our children. Second of all, it says that the OPE has found that from the investigation that they made there is no way for the current ISDB to fairly be in charge of oral programs. They had no preconceptions and they recommend that the State Board of Education establish policy guidelines and teacher qualifications for the auditory verbal and cochlear implants. ISDB staff and the things that we have read in the OPE are not qualified. If you hear our children speak, you would be blown away that these kinds of statements were made. I am afraid that the current administration is too biased to develop the program that needs to be developed. My recommendation as a parent is that you divide the budget and that you get a truly unbiased person to lead this program so our children can learn.

Angela: I didn't prepare anything because I wasn't sure I was supposed to present. After the report, I think they did a great job. In there they talked a lot about separating the school, and I think that is very important. The deaf and the blind don't communicate very well because one is visual and one is auditory. I think we need to work on the skills. I am seeing brail and there are a lot of other forms to learn. There are large print, CC T Vs. But coming from a rehab position, when we get those kids at 18 and 20. We are finding they cannot handle the activities of daily living. Our goal is to employ people. We want them to be independent and employable. We get them and they cannot make a sandwich, and they must have sited guides. We feel it is very important to make changes at the school to make sure that the children are getting the proper support. Orientation and mobility and daily living. We have certified rehab teachers that go around the state and work with the blind through life. I think they have made some great changes, and we believe they should be provided direct services. In each region, they should go into the homes and work with seniors and teaching them to mark stoves and special dots and devices and give them this ability to read the paper. So they can travel the bus routes and so they can live independently. We truly believe and the commissioners believe that the outreach services

should provide direct services, again, meaning qualified teachers. Part of what we do is consultation, but to actually utilize the funds to have teachers. We would hope that you would separate the schools. At 82 thousand dollars per student, I think we can do a lot of things with that money.

Mary: Who do you represent please?

Angela: Idaho commission for the blind and aging.

Randy: Some people may have thought this was a sign-in sheet. I just want to thank everybody that came to the open forum.

Walter: My name is Walter and I missed the sign-up sheet. Madam chair I wanted to speak, I prefer to stand if you don't mind, it is more difficult to sign when I am sitting. I want to share with you, I have been deaf since I was very small, and I understand the parents that have spoken today talking about deaf education and different choices. For example, these days it is very common that children are identified at a young age, you know, as far as their deafness. And I understand that parents feel a sense of urgency to intervene. When I was young, my parents chose the oral method, and I had a difficulty understanding and I was really struggling. So I remember going to the Berkley school for the deaf and seeing the students signing, and it was like a new world to me and it was so wonderful. It was such a great experience, for me; that's what worked. I understand, you know, there are different options, but what I would like you to consider is that sign language is very, very visual. And I think my grandson, for example, is eighteen months old. And I notice that he responds very well to sign language because young children are so visual. He seems to be just fascinated by it. I think sign language is a natural language for young deaf children. Thank you for the opportunity to allow me to speak.

Elsie: I am a part of the commission for the blind. I am a member of the national federation for the blind. I have people that belong to my chapter at the national federation for the blind in Pocatello that tell me about the good things that the Idaho state school for the deaf and blind do with their summer programs. They really appreciate the things that they get at ISDB, but they are very concerned that the students that are mainstreamed in the school districts in Idaho are not receiving the kinds of education that they need. There is too much emphasis in place to try and get the children that are blind to read print and to be able to read print and not concentrating on Braille. There are a lot of other problems that they are saying with the teachers that are coming out of the state school for the deaf and blind. I have witnessed several students that have been students there at ISDB. It is really amazing to me that some of the stories that they tell about how they sat in on all the classroom discussion because everything is done in sign language. As a blind student they are unable to participate and even though what is happening in the classroom, and it causes a lot of burden for these particular students as they try to participate in a classroom situation where they cannot see the sign language going on and yet those things are happening. I also agree with a majority of the people that are saying that the two schools need to be separated in that they need to be located to an area where they need to be more in the mainstreamed opportunities and where the parents can have jobs and be with the family. I hope that this subcommittee will listen to me and thank you for your time.

Pam: I have copies of my statements that I will make and also of research and the items I will be referring to. If you will please take one that would be great. Thank you, very much for the time that you allowed me to speak. As a parent of a cochlear implanted child and as a registered nurse who works with multi-handicaps of children. I am pleased with the extensive evaluation of the school and I hope these recommendations along with those of the Council of the Deaf and Hard of Hearing, especially those referring to the separating of the schools, and also for the services of children with cochlear implants. It is not my intent to persuade anyone as to what choice they should make for the deaf or hard-of-hearing children. The best option is the option that the family will choose, and that they are committed to the teaching of their children. No matter what mode of communication they choose, there must be equal opportunity for schooling in that method. Although, I have been anticipating the report, I was highly disappointed with Harvey's responses to the follow-up questions. Primarily those to the cochlear implants. They were biased against cochlear implants, and I try to challenge him to follow these up with research. The majority of people who have little knowledge with cochlear implants, it is my intent to set the record straight with completely factual information that I have provided you with, and they need to be an expert to all the deaf and hard-of-hearing in Idaho, and the oral education for implants. Therefore creating a staff that

is unbiased is very important and that was presented in the report. With all of this, I would hope that you would consider this question. Why would ISDB be involved in creating an oral program if they don't believe it is accepted form of communication? Also Harvey said that the staff are less trained in other forms of education. It has only been around for twenty years and sign language has been around for hundreds and hundreds of years. He alluded to the fact that it is not an effective mode of communication. We have children who are moving out of the mode of technology, and yet is the staff at ISDB responsible for training the parents of newly implanted children? And this should include oral education and implants. Children do not need to be implanted again because the external devices can be changed and therefore they get the latest technology. And please they are not coke transplants. They are cochlear implants.

Many of the children are not even candidates for the cochlear implants, but the rate of implants is increasing by twenty percent each year. If twenty percent are not candidates, that means 80 percent are candidates and may choose that form of communication. About twenty percent of the implants don't work, and if you are referring to the implants themselves, it is 80 to 90 percent that do work. What do you mean they don't work? Of the 60 percent that are left they are faced with an extremely difficult process of training because they are putting sound into the brain and that they need to live close to advisors who must adjust the implants all the time. Most of them go into regular education and need no assistance after that time. Audiologists can adjust the implants as needed, and those who use sign depend upon interpreters, and they all have a need for technical advisors. Society probably gets 40 percent or less out of the technology. Once again how is "success" defined? Specifically in the pediatric society, oral children have incredible success with auditory training and speech skills. ISDB -- last quote I'm sorry. ISDB supports a total communication program. This is a factual statement and this is evident by the website. This is a very exclusive and discriminatory statement against those of us who are oral and do not sign. This is why the auditory/oral school is to be considered, it must be completely separate with a separate group of teachers and separate budget and under people who have more knowledge and not little knowledge in what they need.

I have included information in your packet about the oral and the auditory education is directly related to the children after they receive the implant. The auditory device will work, but the child must receive the oral education immediately following to be successful. Perhaps Harvey was referring to Idaho and the 40 percent are successful in the state because it is extremely lacking in the auditory training. Idaho has very limited education in this and perhaps they need to catch up. In the report it all supports that auditory training is necessary for our children to be successful. I would like you to review those on your own. What the parents in Idaho want for their children is what the research proves to be needed for success. If the school has professionally trained teachers and administrators. As noted before and in the articles that I have given you, implants are increasing by twenty percent and this auditory training is not offered through ISDB at the present. When parents are given unbiased choices, the parents are choosing the options that they can train them at home rather than choosing something that will send them away from home. I work with children with ventilators and things to keep them alive as a nurse. Certainly parents can choose education that can help them out at home and away at school. ISDB has never discussed oral education or cochlear implants as an option. The parents have to learn from seeing a child with an implant, learning about it in other ways, or hearing from a friend or family member about them. Away from ISDB, a child could be placed in the infant and toddler program, and this is a completely unbiased program. The program needs to be a joint program between ISDB and the Meridian program and remember the parents who initially wanted this program were told there wouldn't be enough children for a program such as this. The first year there were six students, second year eleven, and now, sixteen children. So the need continues to grow because there are more parents choosing this option.

The Alexander Graham Bell is the oldest form of language spoken by kids and adults. So over the last three years, they have been involved in helping to establish a program and a mentoring program from the Utah School for the Deaf. Unfortunately, with this it is extremely slow, and there is extreme parental pressure, and the program is far from being an intensive auditory program without specially trained teachers. The staff through the cooperative program with the Meridian school district, are the best that we can recruit for the process. So I am limited by the amount of compensation that it can offer, but therefore I have to take who I can find. The three teachers that we have right now are fully qualified and have worked extensively with this program. There are new teachers every year at the ISDB staff. One of the teachers that was teaching last year now teaches the communication program. So one has experience and one does not. They have worked with the Alexander Bell

program for one or two days this year through our school. Quality of ongoing mentoring is vital to the future of the children's success. There is also no accountability in this program and no one is trained in auditory/oral education, thus there is little or no support for the teachers who are trained. The teachers are accountable to the parents, which is unacceptable. This sets it up for continuous confusion about the program, and they have to address it directly with the teacher or the administrator who has little understanding of the program. This is the support for separating the oral program from ISDB and having its own teachers. These parents for the oral program have too little options for teachers in the program. This will not be on the same level as the ones in other states. We choose public school programs and because this is our only choice. AG Bell has developed programs which has an excellent standard to follow when forming a program.

There was a letter written that said these are the goals of a gold letter program. It is not a perfect program, and I continue to quote that the auditory program at silver sage, where it used to be, is in the infancy and is not expected to have all the parts of a perfect program, but it is a big step. This guide is not considered to be a gold standard. But now that the legislature and the committees are looking at this, we are pleading for a quality program now for these children. They have been working seven, ten years, trying to get an oral program for the deaf and hard-of-hearing children in Idaho and feel that now is the time for change. With both the legislature and the State Board of Education looking at these, now is the time to bring Idaho up to date with the technology, and up to date with the other people, and with people for the deaf education no matter what form of education is chosen.

Our children are suffering from our lack of action, and now is the time for AG Bell to educate our children in the state of Idaho. Our hope is that you take these intentions. And after three years of working with Harvey, it is very important to look at the auditory education. The parents of the children who are using the auditory/verbal communication are recommending the following as well as the Council for the Deaf and Hard of Hearing's recommendations. We are recommending a separate school for the auditory and specialized training and also with the AG Bell's parts of the program and equal and quality compensation to be used for the specialized individuals that would be coming to the program. They would not report to the ISDB superintendent, and a separate budget would be for the auditory school. In all fairness, it should be run through the budget. Currently this program receives less than one percent of the 8 million dollar budget. Input in the system is from parents and specialists to assist with the immediate and long-range plan.

We need these changes now and the others say taking our time is important, and it has been ten years. We have a couple of children here who have been implanted and have pretty excellent oral communication skills, and I would encourage you to speak with them and see how successful they are.

Milford: I have some questions for you. Number one you are an RN so you are in the medical field. What area?

Pam: Pediatrics. Currently in the home health care where I take care of chronic children. I do case management, and I am a supervisor over these cases.

Milford: One thing I think I heard you say and I need clarification. We have one side that says slow down and one side says make the decision now. In my idea, slowing down puts us back a step, and would you agree that maybe it is time for us to start doing something, maybe not a fully involved radical change, but start making some changes over the next couple of years but start now. Would you agree with that or would you agree that we should continue the study for another year?

Pam: I think I speak on behalf of all the parents that changes need to be made now. Even if it is as simple as separating the groups. I do not speak on behalf of the blind either. All I know is the auditory/oral program needs to be separated, and it needs to be done now. And to have its own administrator to oversee this. We would not ask them to have anything but an education background, and that is all we are asking is those over an auditory verbal school would have that background. That is going to take money to entice people to come here. That has been the biggest problem, and I know that ISDB would concur with that because they cannot pay them the wages.

Milford: I would like to bring up the council and ask them some questions after this.

Wendy: Thank you, madam chair. When we are talking about the school, Mr. Jones talked about his child being mainstreamed. And I am trying to understand how this school would be providing resources to children that were mainstreamed. And I am just trying to get a better vision of what we are talking about here.

Pam: Basically, we would see a school that would take care of children 0 to 3 and if that came from infant toddler they could be a support in that. From preschool until first grade, they would have classrooms and after that typically most the children are mainstreamed. And, yes, it would be beneficial, most beneficial to have that school be the resources then. And all the districts that are serving their mainstream students to be support or extras or to be available. Each school has their own speech and language pathologist in their own school that could be trained to help these children.

Wendy: I represent nine districts and they don't all have speech pathologist and that is an issue on this side. A child in one of my districts has a full time cued language aide to what you would envision is an aide trained in that way would possibly follow the child in that mainstreamed environment. I want to figure out how the budget would be best served in this.

Pam: All I know is that if they receive the help up until second grade, they should not need it beyond second grade if they are completely oral.

Dr. Coleman: They are obtaining English instead of a second language or sign language. They are obtaining so it would be almost like a note taker or an assistive help in the classroom not a separate language.

Pam: That particular student must still need assistance. My goal for my son is to not know any sign language or any other kind of speech. He is completely oral like the other two children. He would be mainstreamed totally.

Wendy: Just as one final follow up. The letter, your presentation, thank you, assumes that there really hasn't been any help. There has been some help in that the school in Meridian has been funded from the ISDB budget. Is that correct?

Pam: We appreciate that we do have them, and we appreciate the fact that ISDB has agreed to be working with AG Bell because that is a voluntary process. Nobody has forced them to be involved in the public school program. Progress there has been made, but it is not enough.

Mert: Thank you, madam Chairman. Clarify for me on your recommendations you talked about a completely separate auditory school. If I were the parent of an implanted child and I live in Coeur d'Alene, how would this help them? Have you talked about parents who do not live in this region?

Pam: I think the council in their plan has put off outreach programs because it is a huge undertaking to plan that. I agree, it should not be all in one location. These kids need this program until first grade, and we are not saying that for the rest of their lives they need to live near a school like this. I came from the state of California and there are only a few auditory verbal schools throughout the state and many people move to be near them. I am not advocating that people move.

Dr. Coleman: There is family in Idaho Falls that would really like to have services there, and they are doing it at home because there is nobody there. If we had separate governments, we would have money that would open up for other areas. For example, Idaho Falls and that is a greater population. Right now there is only funding, and we have had to scrap and plead for the funding in Meridian right now. There should be centers all through the state. They need to be funded and set up by separate advisors who would watch out for these children. The family in your district, who I think I know who you are speaking of, has really wanted more oral services. That is in a secluded part of the state. Families all over the state can receive the services that they need not just in this pocket in Meridian.

Mert: You are talking a program within an existing school, and if there were funding that could be regionalized?

Dr. Coleman: There are families in the Idaho Falls area, and that would be a great center for this to happen. And a natural thing with that large of a cluster of students and there are 80 and many are getting cochlear implants. We don't have an administration who are watching out for the children and the auditory programming throughout the state. Only the parents here are all from the Meridian areas, and we have sought and pleaded to have these programs. There are only a few families in Idaho Falls or in Hailey. This needs to be statewide.

Hal: I have received some calls from a party who was born deaf and has oral communication. A person talking about the regionalization. They talked about the interactive television is available for that sort of training so that you can leverage teachers certain times of the day throughout the state, and the school district may employ that. There is a lot of variations that could apply. So my question is, do you have knowledge about interactive television education? The schools?

Dr. Coleman: I don't have much knowledge on that. And they have not sought out these education programs, and if he finds it unacceptable and only less than 40 percent, we should be able to ask him those questions; but we can't. So separating the budget would again be able to help us seek administration who will get that knowledge and will obtain compliments to these advances that are being made. We do need that. That is another way of opportunities going to the regions. That can make it happen. It has to be funded or it won't happen.

John: AG Bell is now sponsoring a certification program for teachers over the Internet and that is a process that has just started recently. Also through the public school caucus program assistant program we have been trying for a year and a half to get video mentoring established to work with teachers more intensely. The problem we are having is the funding for that project. Currently AG Bell is associating with Kent State University who has been doing this to start an auditory verbal component for mentoring. It's been a very slow process in getting going. In fact, Boise was the first project that we were going to start, and we had planned on starting it a year and a half ago. But because of funding and lack of support from AG Bell, we have not been able to do that.

Karen: Thank you. And you wanted a follow up with Wes.

Milford: A couple of questions because I am a little bit confused. I am aware that in my notes this morning the timing is too fast, slow down, slow down. I've heard that from you several times. As I listened to some of the other people I hear just the opposite, let's get started and I asked Pam, do you want us to get something going? Some very vigorous, yes nods, from the audience. In our minds they are thinking it is time for us to do something even though the council thinks that we should slow down. What is your reasoning behind that and why would you want to put this process -- because obviously you are going to go when it comes before the Senate and the house? I would like those people to know why you think we shouldn't move ahead in some form or do something at this time to get some programs started so that we are starting an evolution of something that will lead to the future of what we really need at the end. Can you respond to that?

Wes: Thank you very much for the opportunity to expand on that. Within the three minutes that I stated it in it was very difficult to define every facet on how the council feels about this. Regarding blind education, we know nothing about it and we are completely ignorant. So let's move on to the deaf and auditory policies. The council has spoken to everyone present here today. We support expansion of the auditory/oral programs and the implications of opening this up are not to do with shutting down the school in Gooding. The council sees no reason to slowing down the process of putting more money into the oral program and increasing the experts that run the program. That is not the component that the council wants to have more assessments done on. What the council wants to slow down -- and before you make recommendations to the State Board of Education is if you close Gooding -- this is not to be in a condescending way, but you better have enough interpreters for the children to be in the mainstream environment and they better be certified. But if you move the school to the treasure valley, we better know how much it is going to cost. We need to know how much the housing is going to cost, and if we leave it as a day program, we need to know how much it is going to cost. We need expert help to know if our districts in Idaho handle the new need and all the accommodations if the school is shut down

here. The oral auditory component in my view and in the council's view does not need to be slowed down. There is a need. But before we make long term decisions that haunt us that needs to be clarified. Does that clarify the council's position?

Milford: I just wanted to make sure that you were not putting down any program that the subcommittee was thinking about. If we stop and put it altogether and do what I consider a bureaucratic study for another two years. But today if we make some recommendations to come out of here that this is important and we need to do something today. I just don't want somebody to come in and slap them upside the head and say we are moving too fast.

Wes: Thank you for asking that question. The council is not advocating for a two-year study. We are talking about getting some experts in here to throw out three or four models. There will be a study that will be presented later today a prospectus will be presented and we are not trying to stop the auditory process. We are one hundred percent behind it. We have spent hours and days and I have gone to houses until 9:30 at night so that I can understand the need of this. Please don't interpret it as that. We just want to make sure that the implication is long term.

Hal: Thank you madam Chairman and Wes. Suppose when the foundation stand up, and they had four consultants working with them and as I understand it, your recommendation is that we ought to have another consultant. The consultants that OPE had whether they were qualified or unqualified.

Wes: I have not met or spoke with those consultants. I understand the scope of the OPE report to be an assessment of current and past need as well as future need. I did not understand it to be a feasibility study on the violability of future models. Am I correct in that?

Wendy: On page 67 of the report it asks the board to ask for the needs and how the students could be served under another model. The school districts and capacities and the kinds of things that Wes is talking about and they need to be flushed out and I think Wes is right in seeing who the consultants have done so far. As a representative of Gooding we would need to look at the impact on the town of Gooding. If I could follow up and ask Wes a question.

Hal: Could I finish? So any way, the slow down comment was troubling to me because without the additional explanation that was all we heard and my reaction to that is where has the council been for these last eight years? If they are saying let's go where were they the last eight years.

Wes: I ask myself that question every day.

Hal: That is not a very impressive response to me.

Wes: I have been in this job for three and a half months. I haven't taken my wife on a date for three months nor spent a lot of time with my children.

Karen: We appreciate you coming back up. Wendy do you have a question?

Wendy: I was wondering if the council has talked about any governance.

Wes: That is not a part of our expertise. We are not experts in education and so the answer would be we don't know.

Karen: I think we are going to go with the agenda and so if that is okay. Thank you. We now have a presentation from John Schmitt.

John. I probably should introduce myself. I am John Schmitt, currently the mentor for the program assistance project for Boise, Idaho. Last year I had two other programs: El Paso Texas and Wichita Falls, Texas. I have currently turned them over to two other people and am now the director of the program in Washington D. C. I

have 300 students that I service there and a hundred are visually impaired and two hundred are hearing impaired. I think things were covered very well by parents and I compliment you all on that. Passion runs high in parents of children with hearing impairment. After thirty one years in the field I can testify to that. Probably more in Washington D.C. And they are very much represented by feelings. It is a strange city and the passion runs high, and I think that contributes to the children doing so well.

This is the topic that superintendent Harvey had asked me to talk on. What I wanted to go through first of all was a little bit of introduction. Alexander Graham Bell was the founder the bell association. His philosophy was to have communication through listening and talking. Underneath the umbrella falls the public school caucus. That was made up about eight to nine years ago in San Diego. This organization was set up and it is established to provide a network of public school administrators and provide support and exchange of information and improve the quality of existing auditory verbal programs. After that was established we realized there needed to be some method in there for supporting existing auditory programs to help them to improve and to establish new auditory oral programs. Millie is a 70 year-old woman who is profoundly deaf. She is a wonderful woman who inherited this huge amount of money from U P S and has been funding private schools and now decided that it needed to fund public school programs. Their goals is to provide opportunities to promote auditory education and establish the grants and improve the quality of existing auditory oral programs and to provide on going support to the administrators.

The activities include curricular development, new services for program continuum, on sight mentoring and ongoing mentoring programs. ISDB or Meridian program, the main application program is to support and establish the auditory program approximately two and a half years ago. ISDB was the first school in the nation to assist the program assistance project. That was, I think a real step for the record for a state school to do that. We want to compliment the parents and the district for their drive to do this. Previous to that there was only one state school for the deaf that offered an auditory option in the country. We now have three other state schools that are receiving the assistance. The Utah school for the deaf was the first to do that and it had be providing an oral option for over 40 years.

New P AP programs are the Idaho school for the deaf and South Dakota which just recently came on board this year. Alaska which came on last year and Rhode Island, which came on last year so those are the five state schools for the deaf that have moved into offering an auditory oral option. The focus that we have had for ISDB here, the first year was the Boise preschool program. We had six students at that time and the second year was the preschool and the kindergarten program and this year it is birth through three and kindergarten and first grade. This year we developed an implementation program and this is our teachers. We were very fortunate Jean lived here in town. She had be teaching the blind program in Payette and she had be educated in a program out of Texas called sunshine cottage. It is a very auditory/oral program and we were very excited to find her at that time. At the end of the year she was offered a position as the supervisor of the blind program and decided that was probably a step forward for her financially and employment-wise. We hated to lose her. First year support established a vision statement for the ISDB auditory/oral program.

Boise mentored teachers during that period of time. Met with teachers and supported curriculum issues and the AP funded a site visit to a school in Oregon which was a private program. Here is the mission statement that was established. The second year project a nation wide search for teachers and we participated in that. I will talk to you further about the difficulty we have in finding staff. Establish goals for the year, provide a staff development in the areas of teaching strategies and the site visits and establishing the auditory/oral curriculum. One of our first year teachers, where is she? April teaching her class and our other second year teacher was Lisa. After a full day of teaching and mentoring and after work inservices we met for dinner and continued discussion. Those became habitual. Third year is standardized testing and improve the auditory teaching skills. Improve the delivery services of the birth to three program and provided site visits for five of the staff members for the ninth of November, five of them will be driving to Salt Lake and we have two days of structured observation. Friday night Utah is flying in Carol who is probably one the greatest speakers on auditory and listening skills development there is in the nation right now. She does a fabulous presentation. We are fortunate to attend that. Saturday is the AG Bell meeting and we will be participating in that.

Relationship to the outreach program. We have 41 students statewide. We have seven cochlear implant students, 28 hearing aid wearers, 26 oral students, ten sign language student, and four undecided. There are thirteen consultants throughout the state. And 93 percent of them have master's degrees and 93 percent went through sky high training. Are you familiar with that training? That came out of Utah state university and its a programs that deals with training parents birth to three and they provide a manual that the consultant follows as they go into the home that establishes relationship with the child accepting the hearing loss, it also has the ability to take them through all the various methodologies of education or communication. Sign language and speech does a very fair job of that. It's a very good program. I have a hand out.

This is six of the consultants that we did an after school inservice for. Kim is in the center and she has been helping to mentor the program from Salt Lake. She is the statewide preschool coordinator for the school for the deaf and blind. This is featuring five state schools for the deaf and ISDB will be one of those highlighted schools. I think the issue after this one that is coming out. Teacher shortages and I keep saying this to AG Bell and we talked about this. Teacher shortages are probably the greatest problem that we have in education. Not only deaf education, but in special ed and regular Ed. We are experiencing it much to a greater degree in auditory/oral education because there just isn't the training programs out there for the auditory world education. On the west coast right now, there was Lewis and Clark and they have now closed down. The Utah program is at University of Utah and it is offering a dual tract so they can teach either sign or speech. Logan state University offers only ASL and the training programs in California, I am not aware of any, there are none in Nevada or Colorado. There is one in Texas so it is very limited on our resources for that. Universities are very slow in making changes in their curriculum. You have heard the testimony today that there is a change in deaf education. There is huge change over to students with cochlear implants and technology has had a huge impact on your kids. A lot of them will be mainstreamed back into school by third grade.

The Meridian model we have been trying to establish. I was very impressed with the program that was established over there. The principal and the staff is a tremendous move in the right direction having both the preschool and the Kindergarten together. Building support, they have done a fabulous job and providing leadership and mentoring to the staff members and working with some of the birth to three programs.

Following up the P AP project recommendations will be made for the next steps and the final recommendations will be made and that work can be established with a continuous support in the staff development and continual contact With the AG bell. They meet twice a year and once off year for a symposium. There is a sharing of ideas, mentoring, staff development and a lot of things occur during that period of time.

April, would you like to say a little bit about the projects that you have been involved in?

April: I have been in deaf education for ten years and I worked in Idaho Falls as an outreach consultants. I Worked in Gooding as a preschool teacher and a reading Teacher and then you name it I did it. Due to low pay my husband took a job here in Meridian in the district and with that I was able to come over here and work in the preschool. I taught in the morning auditory oral and then in the afternoon. Last year was my first year to teach the education. I professionally have not learned so much in the sense of teaching a child in such a little time and making it successful. I am amazed at what these kids are doing now. They are being successfully mainstreamed in their classes and that is very exciting. Some training that was provided to me by AG Bell with John and Kim. Last year John came and observed and just right on the spot was giving me excellent advice and that is very critical in these early years. And then Kim came and I received an immense amount of training from Kim. As a matter of fact, I thought my brain was going to explode as far as how much information. It never stopped. Kim and I would meet, we would start our meetings as 8 in the morning and we would go until 10 at night. When her time was here it was so precious that I just wouldn't let her go. I said what about this? What about this? Show me this. We worked on several components of the program.

The parent/child school visits are very important. In Utah they are called parent/child therapy sessions. This is a vital component because when you send them away to the preschool you just get the cute little stuff and you need to know the reasoning behind the cute little stuff. You need to know the story and the language that is tied into it. The auditory is enhanced when telling the story. The difference between the sounds that the ghosts say.

This year has been very exciting and I am a lead teacher over the program and I spend a lot of time with the teachers and provide the least restrictive environment and in enhancing their life skills for them.

Mike: You mentioned home visits. The parent brings the child to the school. I just wanted to know who performed the home visits for the oral students.

April: For the children in the preschool program it was the teacher. We would work on a part of a theme, the curriculum that I have been setting up and was instructed by me from Kim and how it is done in the Utah school, a language enriched program. Literature is one the main things along with speaking and listening and reading. So we use a lot of books for our skills. We read Goldilocks and The Three Bears. So you tailor the story to fit their needs. You will just want the child to say oh, oh, when the chair breaks. Now bring mom in and you say here are sequence cards for the story and this is what I need you to work on. So it all crosses over. So then a toy breaks, oh, oh,. That is probably the most exciting thing. We work with a sequence on the cards. I model what I am doing with the child and then I say okay you do it. Without the parent you have nothing.

Wendy: I was wondering or maybe he can tell us how much the annual contract is for the consultant?

Harvey: They operate on a grant and we get their services through it.

Wendy: If we are not getting as much training as we need has it ever been augmented through the ISDB general fund? Is that an option?

Harvey: Yes, we do that.

Wendy: What is the total amount?

Harvey: That would be hard to answer. We supplement opportunities for the teachers to take additional training and perhaps Mary Dunne might be able to speak to the additional kinds of training that we get.

Karen: This is a program that we recommend and how much is allowed for the total program is what she is trying to get at. Do you have an idea, Mary?

Mary: In the Meridian School District, I do not have that but I can tell you it is three full time teacher salaries. We employ three aides. A teacher because of her background in auditory/oral. So the staff salaries of all of that and then much of the training and much of the professional development that we have brought in over the last few years and that we've supported folks to attend has all been -- there have been auditory tracts or AG Bell conferences where it was all strategies and organizations.

Wendy: They talked about 3 thousand dollars per child and my interest was if we were to enhance that and provide additional services which we've heard in parents today what would that cost and number two were some of these training opportunities figured in when the OPE report was done.

Mary: That figure does not represent what is spent on the kids in the River Valley program. That is the figure that represents what is spent on kids who get consultation only in their public schools.

Harvey: I was just going to clarify the 3 thousand dollars figure in the report represents the outreach total budget for ISDB divided by the 660 students it serves.

Karen: So you serve 660 statewide?

Harvey: No.

Wendy: Just as a final follow up. I was trying to figure out the 3 thousand dollars and if it could be what was happening with the Meridian children and it seems to me it was higher. That is what I was trying to get some kind of pull out for.

Hal: Just a question. How many of those would you describe are district employees versus ISDB?

Mary: They are all ISDB employees. The principal of the building has a great deal of involvement with the program. Occupational therapy and speech therapist. Oh, folks, busing, other folks in the building and in the district and even in the neighboring district do send students there and they contribute to the placement and making it successful. But the staff members I mentioned are employed by ISDB. May I make one follow up? Mike asked earlier about home visits and I believe April was talking about the preK-1 programs and I am thinking your question may relate to birth to three and that is when we make home visits and the hand out that John provided too talks about that.

Karen: Thank you John. And thank you April. April had a great teacher herself. Her mother is a great first grade teacher. We'll take a quick break. We are not going to take a fifteen minute break if that is okay.

Break – reconvene 12:45

Karen: Next on the agenda is the discussion regarding the ISDB presentation. Is this something -- does anybody have questions? Okay we will go to Michael then.

Michael: I am comfortable and I will stand. One of the things I was thinking about listening to the discussion and the presentation this morning and wouldn't life be boring if we didn't have any kind of communication. So a little couldn't verse is probably objecting. I will probably raise a few points of some controversy too, but it will be a little different than yours.

I have prepared some material which I have distributed and there is really three elements to those materials. I will just briefly highlight them. One of them includes part of a study that was completed and published in 2002, I believe. It was a task force that looked up services regarding visual impairment and blindness. Quite a number of constituent which included individuals from the school for the deaf and blind some vision teachers and professionals, some individuals from consumer organizations and also from the commission for the blind and visually impaired and a number of those that worked for quite some time.

Not all of those recommendations have been followed there were some excellent points. Not all of them that the task force has recommended has been done because of time. As the years go by the recommendations can change. I have tried to capture the ones that seem to be worth consideration by the task force. I won't go through them one by one or anything. I would like to mention that direct service profession was recommended by the task force. What I see as a profession for years is a direct instruction of those and a direct part of the consulting model.

There is an issue of an expanded curriculum that is needed for kids. The best models are how to understand the core curriculum and for each to go along with the academics there is also room for discussion and debate on when to focus on that. A little bit of a background of where I gained some of the information from was being challenged a number of years ago by the superintendent of the blind and at that time we were addressing some the exact same kinds of issues from the stand point of legislators asking the question exactly how much do you spend on a student's lessons per year? Couldn't we use that money for the special education in the state.

In fact, they wanted to take a good portion the funding from the school for the blind and give it to the Special Education Department around the state. That caused a great deal of controversy. It forced the school and those of us working at it to consider more traditional models. I think the traditional model now is a component where the academics are at the school. That is a traditional approach. The other component in many schools of deaf and blind have the outreach programs and those developed a little later as the need has been found. A number of the schools around the country have found the traditional model where it used to be that a student would have lots of problems and another one of them is that parents want to keep the kids at home.

I know that experience as well since I attended the residential school for part of my high school years. I am not always sure who it is harder on the other family members or the child who is at the school. One of the things that I looked into in the past and will look into it again in order to present here is what are some alternatives to the complex issues that we're facing. A model that was first developed and I have looked at models all over the world. They developed a model of residential training and short term placement. What they did is they would bring the students in from any where in the four provinces and have them at the school such as the school for the deaf and blind and they would teach them on a half a day basis and then they would have technology such as computers and these short term placement might have component throughout the most the year. The other half of day was used on academics where a teacher coordinator would coordinate the academics.

They made all the academic work understood from the school district and then they would go back to the school three weeks later and the school would go back to the home school. They would pick back up when they came back and the short term placement and while at the school the short term placing of the schools would receive compensatory train willing and this may not be available in the rural areas. So in the US the schools we are using these models. North Dakota is the first one to go to it. And then Texas or Kentucky went to it next. Indiana went to it just a few years ago. Utah superintendent of schools for the deaf and blind there is willing to go to a short term model and these are not always in lieu of the full year residential program. In some cases they are. We only have a short term residence program and the school for the blind in Indiana will allow any student in the state who is not in full residency program up to a half a semester or nine weeks and they can do it in whatever format they want through the course the year.

They can come one week at that time or a number of weeks. They can come in three week blocks. They might only be there for one three week block and not for the rest of the next. It expands significantly the number of students that can receive the curriculum that is necessary for the kids. Here is a concept and I don't know the base from which it was brought forth, I called it the X factor which is I believe from observation over the years that they needed a certain amount of time with students like themselves. They recognize that they are not alone and that being visually impaired or blind is okay. You can be normal for them. It might be different from the others at home, but to see others like themselves is fairly significant and it is a lot more effective than someone telling them. How much time is needed for that X factor? I don't know. It is not in literature and I remember even when I was much younger.

Kids that were visually blind did not have a lot of people around them. Most the kids were born blind and would go away for some significant periods of time. They had adjustments through the present models, but they didn't learn much from each other. Later I saw some kids that were born blind and they had had adjustment problems of coming from the rural areas. You can't forget about the identification models. It takes one week or six months to work in the system or adjust to things; I am not sure how long it will take. By the short term method involves that as well as the necessary skills that have been identified such as by the previous task force. All of those compensatory studies are out there. I believe that residential schools in our country could be kept in tact and they would continue to make process and you will see more schools with the short term model and you will see more moving toward that model. Not in lieu of the residence model, but along with that model. There is another element that I have come across and this is neurologist and it is alluded to. It is a little bit mature and it is not well explained and it doesn't explain it that well because it is not a well developed model. It is important that we use the options and if we can have some as well as social interaction it would help us to reach out, especially to some of those in the more rural area. I think it would give some advantage to some students in the private setting. Long distance education has been around for quite sometime, most traditional schools have been around for a long time too. They used tape recorders, brail, and those kinds of things for long distance education for a long time. However, that process is slow and as was mentioned most recently superintendent of that school said we have thousands of students that their option is now stopped. Washington state school for the blind and in Massachusetts are bringing together a long distance education. You have some people with excellent expertise and for example Washington state school for the blind has some extraordinary innovative work with technology and they are a long distance option also.

I think that Idaho needs to take advantage of both of these options. Short term residence and long distance education. Inherent of what I said is I don't think all residential services should go away. I don't know what

replacement? I don't know really know what could work in lieu of some short term residence unless you can get the place together and the professionals to the place to bring the service. Australia created a model that they would call a private school. They would bring them in one day a month from long distances and not focus on academics those days, but just on social skills. It is a model that could work for a real rural area. Alaska has another model where they take the professionals and take them to the rural schools and they work very diligently to train the teacher that works with the student. And then they will come back maybe six months to a year later and reinforce the training and the tools. Therefore, the teacher is going to provide the extensive training to the students. I don't particularly like that model but in a state like Alaska you certainly may have to go to this. There is probably lots of ways we can find a service that can be modeled.

I would like to talk briefly about a funding issue and a little bit different format than what you've heard earlier in terms of deaf and hard-of-hearing. I don't try to pretend that I have expertise in deafness and hard of hearing. If something I happen to say is applicable in that area also, consider it a fluke. One of the things I have noticed is funding issues in a number of states that have business with visually impaired and blind is the way we provide services. Frankly, I think it is wrong. What we do is when you have a state of like Idaho and you might hire a specialist for the wealthier districts or the largest populated districts. So then we have some of these services that are really essential and you just can't find the person to go to the school district and we contract with them and we might pay them fifty dollars an hour and bring that person in to provide the services. So that is an expense. So then you have ISDB and they provide services at no cost to some districts. And then that is not really fair either. You have multiple funding districts and I don't think the distribution of the human resources that is necessary. It is very taxing on some districts that are very small. You have a small school district and all of a sudden you have someone who moves in from somewhere else and then you have a big tax on the system. At that point it might be real easy to say let's let ISDB handle that or let's have a professional come in. But I have never seen one state yet work with this very well. It gets a little closer to the mark of distribution in like Oregon or Washington where we have these specialists and special education and that is provided out the district. There are like nine of them in Washington. So you can pool the resources a little bit better. Like Texas who has 23 different symptoms and can provide all the services necessary. Yet you have the 23 centers that are supposed to provide all the service necessary. Places like Colorado have these things in several districts and it is like Washington. In Minnesota you don't have that. What we have is all the different systems and I think most of the problem is the funds.

Again, I am speaking on behalf of the blind. A couple of models I have shown you and I understand that the department of education does not have a direct service professor unit as say like special ed. But the department of education would not then be a local education agency, but with the necessary funds were focused there, they could administer and have the process finished there. Another option would be to put it under ISDB. Right now you have ISDB with all the outreach teachers and we know that some parts the state are not getting what is required. There would be a struggle for the funds. Each district based on the student body population could get an amount to put into a resource program and that way that district if they had a high demand for a few years could have it and, but there wouldn't be an extra tax on the districts. That along with the short term model it might be possible to monitor it.

I think I will make just a couple of comments about where we are with technology in terms of ISDB. I tried looking into this when I see the controversy that deaf education and cochlear implant and all of that. Those of us in the field of blindness, we don't have that controversy so have we just not gotten there yet? I would like to learn from my colleagues and listen to the controversy. We might be in an almost impossible spot. I think we are probably about twenty years behind in terms of blindness and in deafness in terms of sensory. You have the cochlear implant and we don't have the equivalent in the field of blindness. The experts will tell you that there are a number of approaches to it. One is like a retina replacement and it replaces some of the eye. That is going to have a huge impact on the blind population and it is just around the corner. It will not affect a large population, but it will affect some. There is an area of special development necessary and it is difficult after a certain age. So you have to understand the three dimensions of the eye in order to understand that. Special development doesn't exclude all the challenges that are associated with it. The visual system like the auditory system, we don't have learning through the visual cortex in the brain, but later on it probably wouldn't be all of that help. We have very little information on how effective vision placement when the cortex function is stopped there is a lot of confusion on that. They can literally replace the eye. That can affect a large number of

our kids, but not all of them. Those born with blindness, I do see that as the same kind of controversy. Those of us who have to face the blindness and then you have the deafness and hard-of-hearing discussions. I will stand for your questions.

Karen: Michael we kept hearing that from the very beginning of the first meeting that people really felt like they should be separated. That the education for the blind and the education for the hard-of-hearing and deaf really should have two separate tracts. Do you agree with that?

Michael: I do for a couple of reasons. You will not educate both the blind and the deaf in the same class when you talk about sign language. If you are hearing or visually impaired and you can have amplification, but when you look at both of the programs side by side it doesn't hurt to save on administrative costs when we have these agencies and we all have IT issues and other issues in the state. Those areas are the expertise and discipline is not necessary, we may have other sources.

Karen: Also we heard from the very beginning from people working in the field, but also blind students who came and spoke to us that they felt like they really needed to have experiences in a bigger environment than Gooding. One student I know said that just even to learn how to get on a bus or go through stop lights or go to a crosswalk and do you also agree with that?

Michael: I looked at a program in Oregon where they brought kids in from the eastern part of the state and one of the things we found with the kids in that program was riding of buses and their experiences in the larger city, the biggest is not necessarily the best. If you were to pick a community like Coeur d'Alene, Idaho Falls, something where it is large enough to experience traffic lights and buses and you can have a student in those situations, but I do think you want it small enough for some of the other services.

Hal: The blind and visually impaired people, where do they get employed? Is it typically urban?

Michael: It is typical that the urban is more than the rural. And we are even seeing that change some in the state where technology is really so much better. I know some blind individuals who have employment at home and can be any where and they work through the computer and a rural area. They can distribute things around the country and things like that.

Karen: Other questions? Thank you, Michael. Very insightful; I appreciate it. Rather than going to OPE now, and I sense they are not going to be too happy with me. Mert if you would want to go next with your comments.

Mert: I have a couple of hand outs for the subcommittee. One of the tasks that was assigned at our last meeting was to get a clearer picture as to how the students were in the residential placement or in the cottages where they came from and how the distribution because one the hypothesis was that the greater number of students at the Idaho school are in the cottage program were older students because when you look at the students who where elementary age or maybe young middle school age, those parents and those schools have more options. That the kids who are now in the high school, when they were having IEP meetings when the student was a second or third grader there was not the options. I think I related from my own district will the parent had the option of staying in Vallivue district, and we would find an interpreter. That interpreter may be highly qualified and the district may be able to meet the educational needs of the student but the student felt isolated so the parent made the choice of the residential placement because the deaf culture and being around similar students. What district have had to do like in the Treasure Valley and in larger districts is they have had to build a greater range of programs.

We have talked about the program that Meridian has that serves a number of District's in this area so you have the benefits to the parents of keeping their son or daughter close to home and yet having a large enough population that they truly can build a range of services like Gooding might offer in the day treatment program. As you can see the figures kind of bear that out if you look at the number of students up to grades five and six, you know it is very small compared to students who are high schoolers. I have to thank Gretchen from ISDB because she helped me prepare this information. In terms of where the residential students come from, they are kind of all over. She would say though, the numbers are so small it is hard to see patterns. With you she would

echo what I heard Harvey say is that is a lot of times they will come from the smaller districts that don't have the range of options such as like Coeur d'Alene or Moscow.

Hal: On these residency programs. Like in a regional program I would assume they are living in the Magic Valley area.

Mert: I don't have the figures for the majority of the students that if they are living in the Magic Valley or not. But the younger students that I was asked to follow up on come from Caldwell and Plummer and they were scattered all over.

Hal: If this committee talked about a region all approach and we adopted that model like what Michael was speaking of in terms of something like that. What would be the student affect or consequence of the. As far as their education is concerned is it positive with a grant program or something like that?

Mert: My next recommendation from the special education administer association and to answer your question I would say for the majority of the students we feel they would be able to have their needs met in a regionalized program. But if you look at a regionalized program as serving an area base of an hour or maybe the bus driver. If there is a base here in the Treasure Valley and one in Coeur d'Alene or in that area you will still have a small number of students who are not within an hour's bus ride of that area. So there will probably be a student in a rural community that is not within an hour of Idaho Falls or Meridian. It would not be one hundred percent, but it could be the majority of the students that could be served by this.

Milford: Maybe this is a bit premature because we are going into a second presentation. But from a stand point would it be enough for dollars to follow these students through the programs and then special ed directors and then IEP teams following the program?

Mert: That is an excellent question because right now the dollars don't really follow the students. I should say that in terms of the feedback in the special ed directors, the directors in northern Idaho, and the directors in the southwest region feel very strongly that this regionalized program would be a better model. The directors in the southeast, if you are a director within an hour of Gooding right now as an IEP team you can accept a student there to the day program in the nonresidential program. You can do that and there is no charge. Where as for me as a director to get the same level of service in Meridian it costs me somewhere between 13 and 18 thousand dollars per students which is the cost that Meridian has computed for hiring teachers. Right now the dollars really don't follow the students because the money that we have to pay to send a child to Meridian comes out of the general fund. If I am a director in the Gooding district I am not having to pay any of that. So I have more money to distribute over the other population.

Milford: Thank you for putting that together for me. So the dollars do not follow the student?

Mert: Not the way they are distributed to ISDB.

Milford: A follow up, Madam Chairman. Does the state mandate a specific program like the oral program, total communication?

Mert: If you do that you are taking it out of the hands of the IEP team which knows best about the child. What they have is a range of options so it is not just ISDB or not just total communication. You have to look at a variety of methodology that is built around the individual needs of the child. So the state should not mandate a certain model. It already requires that you look at a range of options.

Milford: Do we even at the present time step in to meet all of these federal guidelines. Would you say that we are not and maybe I am off on my statement here, but the present guidelines at the present time are not followed?

Mert: I think you are asking if the state -- are we talking about the ISDB or the over all?

Milford: Are we meeting them all in Idaho or does the state need to move so the federal adopts the guidelines that the state has?

Mert: The ADA is a federal law, now whether it is being followed a lot of times that is the debate that is taking place in IEP meetings. The parent will say I think you are missing this component; we have the federal law and the state law. Every district has to adopt that, along with the other federal laws. All of them have to be adopted by boards in the districts.

Milford: They do have to adopt them, but do they follow them in accordance with what we are doing at the present time. I see people shake can their heads. So if we adopt them, we are not following them. Would it help if the state adopted these and made sure they are followed.

Christine: I guess listening to what you are saying about the funding, it seems that an IEP team would have to make the choice to follow the mandate. If I don't follow that then I am on my own paying for it.

Mert: I guess is what I was trying to say is a federal mandate. You have a mandate to evaluate the student, develop an IEP and follow it. So the persons are disagreeing with the following of that. The parents may say that the staff is not there, or the program social security not there to help my kid. We are not following it one hundred percent because there is a process that has to be followed so the parents have to do this and in some places and in some districts, yes we are not. I don't know that the state mandating that would create any greater enforcement because there is already a pretty clear vehicle for parents to identify areas where they think some part of the requirement is not being met.

Harvey: First I would like to ask Senator Bunderson to clarify. When he talked about the regional model and first of all only five of those 37 are within the Magic Valley area. The others came from somewhere else. Of the 37 resident students only five come from the Magic Valley area; the rest come from around the state. Primarily they come from the Treasure Valley. If we get away from the regional would all of them become regional at the Gooding campus, would they become regional if there was a campus somewhere else?

Hal: They would have a model where they would have a base school in the near proximity where they live and they would go to the day school.

Harvey: Many of the students are in the residence program by IEP evaluation because they do not thrive in a mainstream environment.

Hal: That forces the next question. When they reach 21, where do they go?

Harvey: They go to work through health and welfare.

Hal: Why aren't they covered by Medicare or Medicaid when they are in the school. If they qualify when they come out they should qualify before. Through the day school or outreach program they would receive training by their particular working place.

Harvey: The state would need to change those rules to make it possible.

Hal: Then 70 percent the cost would be paid by the federal government and not by the schools. Another question, as I understand it is mandatory, they are not mandating what they are receiving they are mandating the program and the options. If you mandate it, we have auditory/oral they do allow the parent the option of their child or the other choices. They have had options and that is what is mandated. Some of the things we have heard in testimony today and in the past. So that is part of the question. That is about the same thing you were saying.

Wendy: Did we talk about some of the local disabilities in the regional also?

Mert: We didn't ask that question specifically because students with multiple disabilities and the most severely involved for the most part are served in districts and they may not be -- at least in my guess, I have not seen those students come up as referrals to ISDB. The district and the parents feel like the public education can be provided.

Wendy: About the special ed districts in Washington and Oregon. What has been the out come of the discussions that have been had about this?

Mert: I have not been aware that has come up in a formal discussion, but you have something familiar here in the Treasure Valley when you have a number of districts sending students to Meridian. It is not a consortium, when I worked in California they had a system called accounting offices of organization. They would get funding to provide services to lower incidents disabilities where there were not enough kids in a certain disability category to make it viable for districts to provide resources. So it would be like the scenario that Michael was talking about. What I would wanted to add and when I spoke to the directors and it was a short time line so I cannot act like it is thorough. I did not find anyone that did not say there was a need for some type of a system. So whether the student lives outside of the bus zone or for IEP reasons and the student needs to work on the independent living skills. We are wondering whether or not -- there is no proposal where we would build various schools throughout the state, but where we would build the programs where there is the need on regular school campuses, but then set one up in close proximity to the schools. There is always going to be students in the vicinity of the schools. It would dilute services that could be provided.

Hal: If you come down to a handful of students, what point in time would you stop providing it for a few students. Under the model for the mentally handy capped, it is a home that qualifies as an intermediate care facility and they live there and then we have an outreach and we go to adjust for the other training and just the idea, we have all kinds of models and it doesn't have to be in every city and where somebody would have a place to go.

Milford: One of the things I liked about what Michael said is in some different areas where we meet on occasion. That means there is a place that we designate where these people in the different districts meet on a continuous basis to mingle and be with and understand there are other people with these types of problems and how they are dealing with if and actually talking with each other and dialogue in those areas. I think it is important to think about that. I like that idea and it gets away from the cottage thing more. There is a place, a building or place where these people can meet on a regular basis. I think it is like the kids with diabetes and epilepsy and things like this. It is very comforting to them and very understanding. I don't think that means there has to be cottages. Once you start the cottages you will find people that want them to use that cottage as a permanent residence. There are a few students that may not that, but not like we are utilizing today.

Mert: I agree with that and I think that's what the numbers show. When you look at the younger students, IEP teams and parents for whatever they see as the benefits of concentrated services at a place like ISDB there are greater things that need to be addressed. We see very few parents wanting to go down that road.

Hal: They have ages nine through twelve, 28 are in grades nine through twelve and nine are in grades K through eight. In four years, this all changes.

Wendy: I think that it was shared that there are several students next year so you can come to the conclusion with the numbers, but then the numbers kind of throw off where we think we are going. What I keep hearing is choice, choice, and I think we might want to adopt that as one of the ways of going about it. Yet, I just wanted to ask the question, I think we do have some substitute programs.

Harvey: We are working at expanding some of the programs to more like focused training programs for both the deaf students and the blind students. The other thing I wanted to point out about the comment under the demographic break up. Over the years although some students come to this school and stay throughout those years, what happens typically is a student comes in the high school program. So in four years you will see this program get smaller, but you will see a lot of younger students coming in. So this will hold for a fifteen or twenty year period.

Karen: I think we will go ahead and grab lunch and I know that the people in the audience want to hear the discussion so we will grab lunch and begin our working lunch at 12:25. So grab something and bring it back.

Lunch Break. Reconvened at 12:25 p.m.

Karen: I think we will go ahead and get started if that is okay. I appreciate you being here today and talking about the OPE report.

Paul: Madam chair, I am Paul and with me also is Ned. Our director regrets that he could not be here today. He is out of state on business. We thank you for the opportunity to present this report to this committee and our presentation will require about 25 minutes and we think the report offers a lot of useful information for this committee to achieve its tasks. I think each member has a full version of the report. If not, we have some copies here. There are executive summaries on the table as well as copies of the slides. We direct people to our website to help keep our printing costs manageable.

We began this valuation last April and we conducted fieldwork throughout the summer and we appreciate superintendent's cooperation and access to staff as well as the interviews that we did with parents and school district if I recalls. Enrollment trends and rising costs and outreach services and how they were addressing assistive technology such as cochlear implants. We were directed to explore the staffing levels and trying to find salary savings and the outreach program. Our evaluation focus on these interests and the scope of the evaluation is included in the appendix.

Campus enrollment has increased over the years. Demand for residential services has decreasing and outreach is increasing. The campus facilities are used at half the capacity. We found it costs 59 thousand dollars for each day student and 82 thousand dollars for each residential student. We also found ISDB serves a low incidence population. Deaf and blind students comprise less than 2 percent of all students in the state. Most school districts reported that they are poorly equipped to provide the services for the students. The satisfaction with ISDB outreach is generally high with a lot of good things said about the school.

ISDB is trying to serve kids with cochlear implants, but more is needed. Our evaluation methodology included parents in all groups. We got 51 percent from parent groups and 81 percent from school districts. So we are confident that these are good samples of the entire population. We have had many parents and people from advocacy agencies. In the next two slides I will have the appropriations and expenditures. The schools appropriations over the past ten years have been from over six million to over eight million and 95 percent comes from the general fund. However, when we adjusted it for inflation they have been relatively flat over time. The same has been said about the ISDB salaries. The authorized FTEs are at 125 percent.

We break them down in eight categories and the campus is a large part and then some outreach. I will turn it over to Ned and he will provide more information on the campus and outreach programs.

Ned: As part of our review we gathered information about the ISDB campus programs. It serves children from the ages of 3 to 21. It serves both hearing impaired and visually impaired as well as children with multiple disabilities. They have K through 12 education. And they help them to reach graduation requirements. The school offers a variety of specialized services ranging from after school programs to audiological services. ISDB offers residential services to about half of the population. They reviewed on campus during the week and return home over the weekend. They expressed high levels of satisfaction with their services. Most of them using the services reported that they were satisfied with the services that they and their students were receiving. Parents also expressed high satisfaction with the program. More than 80 percent felt that ISDB felt that they had teachers with the skills to work adequately with the children. They provided services that were called for on the children's IEP and treated them fairly regardless of their impairment.

Although, satisfaction with campuses services have been high, campus enrollment has declined steadily over the last few years. During this period enrollment has dropped 40 percent. The decline of hearing impaired students at the school is those are hearing loss. Students who are visually impaired make up a smaller share of

enrollment. It is interesting to note however that the number of visually impaired at ISDB is increased from about eight students in 1998 to 1999 year to 17 in the 2004-2005 school year. As of September there were 75 students enrolled at ISDB.

This map which appears in your report, the triangles represent day students and the circles are the resident. The majority of the students attending the school are from the Magic Valley. This slide shows it over the last fifteen years and a trend line and this was calculated with simple linear regression. If it continues to decline it could approach 60 students within the next three years. Because of the significant decline in enrollment the campus is currently well below its design campus. The school superintendent estimates that the main school building could accommodate about 250 students with appropriate staffing. In addition, ISDB residential facility can accommodate many students, but it is currently in a low capacity. So they are not using all the facilities on the campus.

This slide shows one the entrances to the main school building which covers about 120 square feet and it includes the dining hall, administrative offices. This houses the nursing staff and also the student services staff. These are several of the cottages. I know you have seen them and we have eaten lunch in there one time. This has laundry facilities and staff offices. This is a picture of one the oldest buildings on campus and it is used primarily for storage purposes. We estimate that ISDB spent 82 thousand dollars per residential student and 59 thousand per day student. As you can see instruction and educational support cost averaged about 28 thousand dollars per student that year. The higher cost for residential students was due primarily to the cost of residential students. The difference in food service cost differs. Student transportation costs were higher for day students than they were for residential students. The school operates six daily bus routes that transport students between ISDB and nearby school districts.

If enrollment continues to decline at the past rate, the cost for serving residential students could reach 1 hundred thousand dollars in two years. Like Idaho most states have a school for the deaf and the blind. We are one of 42 states that have a school for the deaf and blind. Nationwide enrollment in the schools has declined. The number of students has dropped 18 percent and at least four states, Nebraska, Michigan, North Carolina, and Wyoming have closed schools because of declining enrollment. Some other states have taken other actions such as eliminating secondary education program because of rising costs.

Now I will turn to ISDB's outreach program which is discussed in chapter four of the report. ISDB began providing outreach services in the mid 1970s. Services offered through the program included home based early intervention from birth to age 3, valuation and diagnostic services. Assistance in developing IEPs for students. School district staff. Assistance in obtaining equipment and material such a hearing aids and brail and large print books and summer enrichment programs. As with the campus services satisfaction with the outreach services were high. They said they were satisfied with the services provided and parents also generally gave high marks to the outreach program. Responding to the survey said outreach staff had the skills to work with their children. Early intervention services such as home visits and efforts to work with parents and family members and the resources and equipment that ISDB provided.

As shown in this slide they have people located in several outreach offices in the state. They are trained to work with hearing impaired and visually impaired students. Statewide, the number of students through the outreach programs has increased eleven percent. School districts responding to our survey said that their demand for outreach services is increasing. They said that they serve sensory impaired children but about half of the districts felt they were poorly prepared without ISDB's support and only ten percent said they felt they were well prepared to provide the services. In addition, school districts said they would like to see more regionally based services and more audiology and psychology services.

In fiscal year 2005, we estimate that ISDB spent about a two million dollars on expenditures. That year they served an average ever 660 students. This includes the costs for the regional outreach and for teachers and support staff that work in ISDB's cooperative program in cooperation with the Meridian school district. This included the large print and brail books. As part of your evaluation we also gathered information about school district cost to help with the sensory impaired students. This was interpreters and specialized equipment. While that does not reflect the full cost, it does give you an idea that the costs vary and can be quite sizable. They vary

depending on the number of students they are serving and the severity of the disability that the child has. The cost for serving students can vary from several thousand dollars a year to more than thirty thousand dollars per year.

Madam chair, that completes in this portion the presentation and Paul will continue with cochlear implant and some other.

Paul: Madam chair, as part of the evaluation, we assessed cochlear implants. They are devices that can allow the profoundly deaf to hear sound. It has internal and external components. The FDA has approved them for use in children as young as 12 months. The device includes an external speech processor that captures the sound and converts it to signals. This then goes to electrical energy and it stimulates the inner hearing nerve. Thousands of people worldwide have received these implants. Currently St. Luke's hospital in Boise is the only one that offers cochlear implant surgery and includes a team of experts. The cochlear implant team reports that in May of 2005 there were 66 children with implants, but the number is growing. Based on available information, the cost for a cochlear implant ranging from 40 thousand dollars to 60 thousand dollars. This includes the cost the surgery, the device itself, and programs and other services over the first few years. Many insurance companies cover the procedure but out of pocket costs can be ten to twenty thousand dollars. It is also important to note that the children receiving them can need extensive audiological services to maintain the full benefits of these devices. They can achieve significant benefits. Research suggests that students with cochlear implants are more likely to be mainstreamed and have higher achievement levels than those who do not have cochlear implants. They are found to be cost effective.

A 2000 study estimated that they can save 30 thousand to 2 hundred thousand dollars in education costs from K through 12th grade. Cochlear implants are among the most cost effective medical procedures.

ISDB offered some services to children with cochlear implants both on the Gooding campus and in the outreach program. During the 2005 years they have served many students on their campus. They received some training through the audiologist and through the speech language pathologist. Outreach program staff reported treating 28 students during the 2004-2005 school session. ISDB provides teachers and support staff for the program and the Meridian provides the space. This is now in the third year and provides services to the preschool and K through third grade. They have received grants from the AG Bell corporation and from the Utah school to help train teachers. Most parents reported that ISDB teachers in the Meridian program were well qualified, but some felt that the outreach people lacked in skills to work with the families. They felt that the services needed to be expanded.

We found that cochlear implants views were mixed. Some staff believe that they do not work and are less likely to be effective than other services such as sign language. Some ISDB teachers we interviewed expressed concerns that the curriculum used has not been uniformly applied. It is important to note that the assistance that ISDB has received from AG Bell has been primarily directed to the Meridian district and not necessarily in Gooding.

One area of focus was ISDB's legal responsibilities. We found Idaho statutes differ from ISDB's statutes in current law. They authorize children from ages 6 through 21 at ISDB. But they are serving birth to 21 and manage the outreach program. This has been on going for more than three decades, but Idaho code does not provide this authority. Student eligibility requirements and ISDB's legal responsibilities in statute are vague.

Another issue we reviewed was the outreach. ISDB has requested additional funding over the last few years. We found that last year 39 of 47 instructors were paid about 13 percent less and funding appropriated to other schools. For short and long term planning. The need for outreach consultants to include their understanding for the deaf and hard-of-hearing. We also found outreach workload should be quantified from case load and reported to the legislative communities. And the outreach should be formalized in a report.

At this time I would like to discuss some potential new directions for the school. As I mentioned earlier we are at a turning point and there are two options from which to choose. One option to consider as seen on the left side the screen is for ISDB to maintain the current model of campus and outreach services and to implement our

recommendations. This would increase services and management but not address the declining enrollment. The other option is to provide outreach models and relocating the campus to a more urban area. Depending on the chosen model some of the recommendations would not be possible.

The next two slides show some of this. Serving only day students would eliminate the residential cost. But this would require students were outside this area to find alternative schooling. ISDB could serve multi-disability students only at the campus. This would focus ISDB and state resources in those districts that are served and those least likely to be mainstreamed in the regular classrooms. Nine of the eleven multi-disability students are currently on campus. They would need to receive services from the home school districts. Other new directions could be considered. ISDB could only serve outreach services and this would be a challenge for some school districts that have relied on the residential services to meet the needs for the students. Lastly relocation of the campus has been suggested by some parents and groups for the sensory impaired. This could increase educational opportunities for the students and new directions for ISDB could include combinations of those that I just discussed or also include options identified by this committee.

I would like to conclude our presentation by addressing our recommendations. We have grouped them according to the entity it is addressed. We could specify student eligibility and federal compliance. We direct two to the State Board of Education. To first take steps to make sure that the school districts report and second to develop policies and procedures for providing education to students with cochlear implants. Finally we direct several recommendations to ISDB which is to ensure they are consistent with the federal and state requirements. Establish processing for tracking and work with the State Board of Education to reduce campus costs. This is already under way with this committee. They also recommend that the outreach become familiar with the deaf and hard-of-hearing and effectively get them to the parents and work with the Meridian school district.

This concludes my presentation and we will leave this on the screen what we think is the best advisement. We held off on taking any direct action and are waiting to see what this committee recommends. We will be following up with an official letter, but they would like to see some information from this committee.

Karen: Questions?

Mert: On page thirty where you have the estimated cost for students I am curious about the difference between construction and education support?

Ned: We included in the cost of construction the teachers and aides and that sort of thing. Our estimates do not include out lay costs we focus on operating costs when we did the estimates. But they were a small portion of the budget. That is not included here.

Mert: You have been setting aside the cost for the residential students, but the cost for the day students till looks higher than what you found for the day cost of like in the Meridian district or other districts I was wondering if you have any insight on that.

Ned: Madam chair, I think Meridian offers a smaller program, they offer specialized services and have like five interpreters on staff. They have a person who helps develop and coordinate the IEP process. They have a variety of professional staff that help with that program and so that is probably a part of the cost. Also because the declining enrollment their class sizes are fairly small. I think there is a four to one ratio of teachers to students in the school. There is a fair number of staff working with the number of students that they have. ISDB has realized that and moved some of them to the outreach program so it could expand the outreach services.

Mert: When you talked about the input you received from school districts and parents, I am wondering about the auditory/verbal program there is some program there that is operated by Meridian and ISDB. I wonder why there aren't more options from ISDB or in other parts of the state.

Ned: I think it might be a matter of where the kids are and the number of kids. The numbers that we received from the cochlear implant team at St. Luke's is that there is 66 school age children or kids under the age of 18 with cochlear implants in Idaho. That is a fairly small number and the only place in Idaho where the surgery is

performed is in the Boise area so I would imagine you have more kids with cochlear implants than you do in other parts of the state.

Mary: I am wondering if that figure takes into account my kids that are not implanted at St. Luke's because a number of the kids are implanted in Salt Lake.

Mike: When the information was requested we got our information which was supplied by two of the three major manufacturers of cochlear implants. That was approximately in their identification the neighborhood of 135 patients in Idaho with cochlear implants and roughly 66 were pediatric. There certainly could be students in Idaho that are not in that number. Idaho currently in the Boise program and Salt Lake programs there is a high concentration of implant patients particularly pediatric in Idaho. In Coeur d'Alene we actually have two implant centers, one in Missoula, Montana and then one in Spokane. We are averaging about twenty five implants a year and of those about 60 percent of those are pediatric.

Mert: Maybe Mike can answer this or Mary. But at this point Meridian is the only rural program either supported by the districts or ISDB or some other organization.

Mary: They may be receiving auditory services within a different district, but there is not another program.

Harvey: In all the research that was done the documents that you have seen, have you ever come across anything that would make a definitive statement about whether, especially with very young children or children prior to implantation where the use of sign language is actually detrimental?

Mike: There is an awful lot of debate on that. If you look at the research depending on which methodology and strategy you want to follow, there is certainly -- if you look at a purely auditory/verbal strategy they recommend not to do that. There are other strategies that recommend that you use it coinciding with other forms. So as the speech develops you drop it. So that particular issue can be debated in many different ways. To answer your question, personally, based on what I have observed in my twenty years of practice I do not mean it is detrimental. That is a personal opinion. I am a strong supporter of oral education. We have been involved with the uniform newborn screening in Idaho for several years and we administer hospital maternity programs that identify somewhere in the neighborhood of about 70 percent of the children born in Idaho. So I can speak to the children born in southwestern Idaho which is about 70 percent of the total births in the state. The trends as I see them and I don't have the exact numbers, but I could get them, but what I see are a trend that has moved particularly in the last several years with the establishment of a cochlear implant group in Idaho to 90 percent of the patients who are not successful with traditional hearing aids and their families are choosing to go to cochlear implants and that has a significant impact on everything that we are doing. Whether or not all of these children are successful, we will know when we look back twenty years from today, but I do know one thing for sure and Mary and I were discussing this. If we had in place a birth to three oral services and if we were able to offer the resources from three to five in a kindergarten and if we were able to offer a first grade to fourth grade oral programs, would those children that are not successful, would they have been more successful with an implant? I feel fairly confident that they would have.

Mary: Could I add to that? One problem you asked specifically about studies, one of the problems that you find when you read a lot of studies, and I would commend Pam's efforts earlier. Who sponsored those. Were they sponsored with cochlear industries and were there the correct number of students included in the studies. Were the parents highly educated and had the resources to pursue that type of education because we really haven't looked at those studies and torn them apart. There was a gentleman that came to a conference that I S U sponsored this summer and that was his job. To look at studies and tear them apart and find out are they really comparing apples and apples and his opinion was no. There is no research that proves without a doubt that auditory verbal is the only way to go.

Karen: I think our charge as a committee is to decide the education in Idaho. When I was getting my education back in 19, well whatever I will not say. I think we can debate this and I don't think that is appropriate. If that's okay. You know what I am saying. I think all education is good and you know what, a few years ago I swear I would never use a computer and my handwriting skills were great. And this technology today. This is great.

What I see happening behind me and so I think that debate is not the debate. I think this is about the study and to start moving forward about.

Wendy: During the presentation that you made on the OPE presentation and I asked if you had broken down the children in the school. Have you made any effort to look at these numbers any further. I don't know if you were going to do that?

Ned: We haven't taken this any further. I can tell you that we have heard that families do that. That they move to the area to be closer to the school. We also understand that that has been the case for many years and there are many people who are no longer at the school that make Gooding or the Magic Valley their home probably a higher concentration of those people in this area than in other parts of the state.

Wendy: When we look at this we see our own regional school right at our back door, but I am sure that some have moved to be near the school.

Karen: And I am sure some have moved to Meridian to be near the school. Randy, now are you ready?

Randy: Madam Chairman, the previous chair assigned me something not knowing that I don't work for the State Board of Education to come to this committee with some conclusions on what other states are doing in regards to regionalization. In my review of this topic I can tell you that will are people who have studied this on an extensive level who have used this as a part of their master degree dissertation. I will give you the quick view of this topic. In the states that I have reviewed they are broken down into three categories. First is the services to the deaf and blind students provided by local districts with additional funding provided by the state directly to those districts. In those situations, for example, the state as developed a network of host districts in each section the state. There are certain schools within the districts that provide services to the deaf and blind children. Usually one elementary school, one middle school and one high school within the district provide the services. Then the schools from the surrounding area would transport their students into those specific schools and into those districts. In this way the students are provided with the full effort like the nonstudents. This reduces the cost by reducing the population. In this situation a state entity will oversee a host responsibility to make sure that they have adequate training and support. One statement from the Texas education agency who provides these services said that they manage the state and local schools and the planning and implementation programs for students who are deaf and hard-of-hearing.

That is one example. Another example is services to deaf and blind students are provided by local districts from funds flowing through a central entity for the cost of providing additional services. This may be like what is going on in the Meridian program. In those situations again, most districts are identified on a basis and the funding flows through a different funding mechanism rather than directly through the districts and a state entity and then to the districts for the services.

In the final example, local districts are provided funding through the state for the deaf and blind students and then the state decides whether to provide the services themselves, purchase them from a partner or purchase them from another state. This is the closest example of the dollars following the student. In this situation the district provides money for each student within the district. A state entity will coordinate the service throughout the entire state. The student and his or her parents have the choice to send them to the residential program, the outreach program or to the school. In each of those states reviewed the central idea was that the state level was responsible for the support of the host services. In addition each state also provided a complete residential program for students that needed services beyond that which could be provided by the local district or the regional day program. Again this is just a fifty thousand foot view of the residential services and how they are provided in the state.

If we went to one of the alternative models we would have to change statutes as to how we fund local districts and how the funds flow to provide money to the districts. I would be happy to answer any questions.

Milford: Can you provide us kind of with that statement, would you provide us with that little dissertation that you just presented us with. I think that will help to the decision making because there are some things in there

that I agree completely with. I am not sure how they would be implemented but I would like to see that. If you wouldn't mind correcting the spelling on there and giving us a copy of that.

Randy: If the committee wishes to pursue regionalization policies and concept that will are some experts out there that are studied this regionalization and these services throughout the country and are far more and may be able to provide technical assistance in a variety of regional options.

Hal: Thank you madam Chairman and Milford, by him laying all of those out there may be elements that we can take one and use a version of it. Randy, if a child was considered in the evaluation -- when do they enter into the system?

Randy: Madam Chairman, I did not look at the age in any of the programs in the other states. In my review of what states offer many of the programs in other states offer programs from birth to 21 or from age 3 to 21 and it varies from state to state.

Hal: Then those that are in the oral programs, they come out the system at age 21, but they are entering in a much earlier age. Even though they provide that did they define oral versus other communication?

Randy: I did not look at that in specifications. I just looked at general population.

Hal: It seems that we talked earlier about the results so in our evaluation of statutes we have to consider the emphasis behind that and by year's end that certain things need to be identified. As soon as we do that we can decide what they are. We should speak to the health and welfare and the infant toddler program to see what kind of a federal overlay there is. So maybe they will do it in a seamless kind of way that they get some of the information through and coordination with the education through the system so the parents understand all of the options when they choose an option there is a back up for their choices.

Karen: Any other questions for Randy.

Wendy: Maybe a question to Senator Bunderson. Are you saying that doing newborn screening happens more voluntarily and we have not gotten the lists so you are talking about codifying newborn screening and we are trying to make sure that the outreach person does a referral and talks about all the options. Is that what I am understanding?

Hal: Yeah. Wendy and I go back a long ways. I think the point is that we need to respect parental rights, no question about that. But we also need to respect the rights of that child on some basis. I haven't really thought about it enough to think about how we might put the process together. It seems like we do inoculations of children in some states. As we have testified here the loss of that as with vision can occur at anytime in the person's life cycle. We are charged with children so, at certain thresholds, perhaps upon entering into kindergarten they be tested for hearing and vision. My concern is maybe that phase is associated with hearing or seeing. So we ought to whatever we design in our committee here we ought to put our arms around that so we have a evaluation of that so we can force some recommendations that we don't want anything in this state that is a result of vision or hearing impairment. We all know in the medical procedure the quicker, the better.

Karen: Is that true that it is voluntary?

Mary: It is voluntary from the respect that we don't have a law in the state of identify eye, now, they may be doing it, but there isn't a lot of teeth in that so the effectiveness of that may be an issue especially when it comes to following up with kids who do not pass initial screenings, we lose a lot of those children before the follow up. In respect to a lot of audiological services in the state, many school districts don't have them. Three quarters in the state don't have hearing screening audiological services so that is something to be concerned about, you are very right Senator Bunderson. May I make another comment. The infant toddler question that keeps coming up in many states it is not that group that talks to parents about the situation. But to assume that the infant toddler would be the group to do that, I think would be premature. Recently this happened with a student that I was evaluating in Pocatello whose parents were told that their child did not qualify for services and it was

profoundly deaf. So it may be a lack of training so there needs to be some expertise if they are going to be main agency for that.

Milford: I would like to take a second and address that Marilyn Howard is here today and as board members we have a lot of things that we have to cover during the course of the period of time and sometimes there are people that don't recognize that we might have five or six meetings a day and because we don't spend the full time in those and by golly we are interested and thank you Marilyn for being here.

Karen. Now, Mary Bostick, with the State Department of Education.

Mary: First I would like on behalf of the state department of education to thank that ISDB and the State Board of Education and the legislature for working on these issues that we all share. Our mission in the state department of education is that every child receives a high quality of educational assistance to help them reach their goals. No matter what that out come of those activities are that they come out of it with a strong quality of education. We are certainly open to looking at any on going discussions if a possibility and flexibility of the system. I would like to address a couple of different things kind of in reverse order. One is to talk about the position of the department on a couple of main issues and then to kind of move back and get some response to some of the issues that are be raised. Some of the other folks that have talked today have really laid the groundwork for some of the things I would like to say.

The issues before the committee that have begun with concerns brought to the legislature around looking at residential and regional services out of ISDB. I would like to give some proposals and you have option A or option B and you have some sort of revamping of the services to the students and our focus should be on that population of students for all of us. Making sure that you address the needs of the students who are blind or visually impaired or deaf or hearing impaired. We have a variety of ways to do that. Two main ones. One is engaging of services for this population of individuals and students through the ADA act and through local educational agencies and we also collaborate and with the ISDB and through any other agency that has been long standing over the number of years that has been in operation. In place and has guided the relationships between local school districts and ISDB regional and residential services in terms of services to those students.

The reality of the situation is underlying truth to all of the discussion today and I believe throughout the sessions that I have been able to attend is that no matter where these kids are, they are high need and relatively high cost in terms of the general population and no matter what the out come of these activities are in terms of the options that are considered in implementing it we are committed to being at the table and looking at those options and providing high quality services with the critical idea that whenever and wherever those kids are served in funding that we have two major points. One being that wherever those children are served that funding follows the child, with the high need, high cost nature of these students. That the current funding structure for -- based on average daily attendance is way below the average cost that has been estimated if you look at the 32 thousand dollar or 60 thousand dollars mark that was said in terms the regional services or whatever. But when you are looking at 4 or 5 thousand dollars per child and the 30, there is a huge difference.

We will also support in this model more regionalization of these services, although this could occur in a variety of different ways. I would like to stop for a moment and just kind of explain the educational district model because I don't think that is quite clear again with the options that the school district provides. We have the program in Meridian and Coeur d'Alene and the educational service district actually hires all the personnel. They have the speech therapists and speech pathologists and all of these people. They are then put out on the outreach. So it is similar to the regional offices with at least fifteen more people. So the system has been kicked around and I have been in Idaho education since the mid70s and it has been kicked around several times in that period and has not gone very far in the legislature. I think with all of that said and I would like to thank Wes for his comments on the beginning of the day. So what constitutes the best policies and procedures is a complex set of issues. Demands really a multilayered response. I don't think any one given thing is going to cover the territory. We need a funded committee that would look at the interventions in both of the arenas for the blind and hearing impaired. Including the cochlear implant. We have heard a lot of input from families this morning and from various personnel here in various capacities.

At this point there is only two universities in the entire nation who offer a personnel preparation programs in auditory/oral programs. So we are along with everybody else trying to come up with the science. I think there needs to be a discussion that would include stake holders and we should have a continuous process in order to meet those needs and that we come out with the best practice recommendations in terms of those things with the committee that would include a variety of stake holders. We need from those best practices to revamp and move for the record with best practice policies and procedure including in auditory/oral types of education programs. So I think and this isn't to say that we should stop and do all the same things for 102 years and then move forward, we don't need to stop right now and make a fast decision and then look at all the things that we need to put together the programs that need to continue to match the changes and best practice in the field including medical and educational programs. We need to work with the universities and all the institutions of higher education two and four year colleges for paraprofessionals, interpreters and teachers and related service personnel in order to make all of these things happen. We can't do it all through inservice training. That is one of our major goals in terms of department of education. We try to work always with higher Ed and to try and provide educational development for those currently working in the field. Then to try and go back to some of the major issues. The funding should follow the kids no matter what the decision is on options and that funding needs to be enhanced based on the real high cost needs of these students. And that we look at regional programs and then we go through some processes to ensure that we continue to update scientific update interventions in curriculum.

Then going back some of the comments and there is a need for the state statute that is like the federal statute. In Idaho birth to three is covered by health and welfare and three to 21 by the department of education. We're responsible for doing child find which means having fliers up in all of the laundromats and having a variety of mechanisms to bring children with concerns about their child's development to school districts for screening and perhaps other education. We monitor against that and they have to provide us with proof that they have looked for children and monitored all the children. If they are out of compliance they must come into compliance within a year. We also provide training to districts and agencies that provide services to children with disabilities.

I think Christine has provided you with the memo that I wrote from the state department around our interagency agreement with ISDB. The interagency agreement is actually a function of the IEDA and it is a requirement under federal law that the department of education engage in an interagency agreement with anybody that provides services to children and that federal dollars flow through. We initiate that agreement and generally include a variety of stakeholders in redoing the agreement. Harvey has graciously agreed. We had an option to redo all of our interagency agreements through the end of this year. So now we may have all the input from the performance evaluation and whatever decisions the legislature is going to make in terms of the services so we wanted to be able to reflect that in our next agreement. So that is what that agreement is all about.

I also have read the document written by Gretchen around requirements of annual progress at ISDB. I had sent an e-mail out because we don't have an identifier for every student in the state. The districts have data on individual children and their A Y P so we nor ISDB have the information without going back to the district and saying pull all the kids with hearing or blindness and I have set out an e-mail to get that information so we could have more accurate information. Due to the on going nature of no child left behind requirements and modifications for state standards and looking at the interventions for the same population. Last year we went through an extensive set of information looking for testing accommodations and especially around deaf and hard-of-hearing kids. There are currently very little peer reviewed research on testing and scientifically based intervention in reading for deaf and hard-of-hearing students. So we are continuing and have requested from the new national performance center that they attend to those issues around these two populations because I think the research has definitely lagged in those areas and that we need to be involved in that. Someone had talked about mandating or wanting to mandate a specific curriculum especially around the auditory/oral programs. In terms of IEPs which are the programs under the IEDA, the IEP team makes evaluations and they are appropriate to each child on their IEP. Very seldom do they and we would not recommend that they specify a specific curriculum. They are generally skill based so they would talk about the specific skill that the child had to learn and the amount of time and intensity or duration that would be required for the child to learn the skill and the personnel for them to learn the skill.

So this is around scientific intervention and curriculum and we need to be working on publishing the most recent that we have at a particular time. There was an individual, I believe from the office, the Boise schools requested a meeting with me regarding a proposal that they had had from the office of performance evaluation around establishing a charter school in Boise for students who are deaf and hard-of-hearing. They brought that proposal in and we took a look at it together with the approval that the district would pick up the cost of all the service personnel, the transportation for a regional program and a variety of different things and it was unclear to me why there would be a need for a charter school rather than services that were provided as part of a regular school district so it would mean there would be very little incentive for them to look at this and they would get very little support financially to run the program. I would like to mention that and say we would hope that whenever there is a discussion around the options with the public schools that the state department of education would be involved in the discussion at the outset.

I would like to spend just a minute of your time with the couple of comments of what we are currently engaged in. We have people in the special education section who appointed to the various council. We have membership for the council of the deaf and hard-of-hearing and the Federation for the deaf and the blind in order to get and give input in services for these. We are involved currently with a discussion with ISDB and because we recognize along with the council for the deaf and the hard-of-hearing that we are short on trained educational interpreters and need to be able to increase that pool as much as we possibly can. We collaborate activity with the Idaho deaf blind project which is under the university affiliated program centered on disabilities and human development at the university of Idaho. It is through year Robin Greenfield is the director of that project. There are quite a few new infants who are deaf, blind and are in the state and Robin works directly with the teams at school level and infant toddler level to provide technical assistance for that group. There are a number of pieces of information coming out now reflecting many of the things that have been talked about here today in terms of changes in the system and changes in the curriculum.

For all states that make sure they are a part of the instructional materials for the blind and visually impaired individual. We thought this would be up and running by now and I just heard -- that means they are providing just in time curriculum materials through all curriculum companies because they have had to get contracts to every single curriculum company that provides this curriculum so they will be able to provide just in time materials for students that are not in public school systems, but at potentially ISDB or whatever that student happens to be placed.

There are two major professional development documents and special education on deaf and hard-of-hearing educational service guidelines. Deaf/blind educational service guidelines. Those will all be coming with training modules to the state department of education will be involved with getting them to the districts whenever they become available to us.

Karen: Thank you Mary. That was quite a review.

Wendy: In the report there is an issue about reporting. I was wondering why you don't have any identifiers?

Mary: It probably would require a statutory change. The corner of the project is creating a unique identifier without which it is very hard for us to take on a project. That work is continuing within the scope of the funding we have currently, you know, we intend to continue working on that and I will defer after my questions are done to Dr. Howard to answer additional questions, but that is an enormous issue.

Wendy: Just as a final follow up, are you going to go ahead or is a training for the teachers regarding professional standards.

Mary: Through some of the group and the council for the deaf and hard-of-hearing are working on the standards for interpreters. We are working on that, it is ongoing. There had be a question about child count. The child count is done on December first of each year and by every school district, charter school all public charters that the department of juvenile corrections that a public document and it is given to the legislature annually and it is posted on the state department website. All children are reflected in that document. There may be some

students say at the secondary level, students who are in high school that are very proficient and have the services they need in terms of interpreters may be not in there, but we have none in public that are not currently in there.

Mary: When I was working with the Pocatello school district, I kept a list of all the students who are deaf or hard-of-hearing relatively few of them had IEPs. Many of them were qualified as learning disabled or 504s, or not receiving any services, or hard-of-hearing. It might be a good idea to monitor some of those kids as well, unless we are just interested in services that are being paid for. The idea is that there always be an adverse effect on education and that there be a requirement for special designed instruction and for some children might be delivered through a 504 plan or some other mechanism. I can do this presentation. Most everyone has commented on these slides that I have produced here. These are probably old news by now. I have heard a lot the comments made.

Karen: Mary Whitaker.

Mary: Madam Chairman and senators and our interested guesses. I am presenting to you a research prospective that all of the committee members have one in their packet. This is educating Idaho's children and youth in the 21st century. Where, when and why. There are mandates to govern what we have to do and with a needs to be provided to your students who where deaf and hard-of-hearing. I will apologize to Dr. Graham. If anything were to apply to those who are blind, I do not know much about them. This is for students who where deaf and hard-of-hearing. We are to provide for them in the least restrictive environment when we are talking about the 0 to 3 age. This is the most current revision and we are mandated to observe the free and appropriate public education. Consider the choice chosen by the family and to honor that choice and to provide a continuum of placement options. One size does not fit all. We have heard that over and over today. One thing that I think we are not hearing today that I would like to add to the fire is there are people that would perhaps be on the other side of total communication that would like the ASL communication and we have not talked about them. We are obligated under the laws to provide that continuum of placements we can not exclude any particular option.

The newest revision also requires that we meet the standards. That all of these kids are meeting all the things that the other kids are meeting. We have all the ISAT testing and also the highly qualified teacher issues which becomes a real issue or deaf education because if I might just move on the teacher certification. I believe in Idaho you have to have elementary certification and all these other certifications you have to of math if you are a math teacher and reading if you are a reading teacher and that makes it difficult to get the personnel. Other states requirements are slightly different. I as an audiologist could not get a master's degree in deaf Ed and then turn around and I think I might make a decent auditory teacher, but I am not able to do that with that list of all those other certifications.

Hal: What does high stakes stand for?

Mary: Basically, the results of the testing would not effect the annual yearly progress. In that case that school has to allow schools to go to other schools. There is a lot at stake if you will based on the result of those testing.

Wendy: Wouldn't you now be able to not have the same barriers with the.

Mary: Yes. We have heard about the different models and the local educational agency may provide the services and maybe with ISDB or outreach programs that may be offered. In respect to educating the deaf and hard-of-hearing we have heard from the OPE report that the placement referrals to ISDB is declined. That is because they are throughout the state. There is just not one area that needs help. It is difficult to get to all the areas and that equal services are provided throughout the state. The professional evaluations of ISDB. We have heard many comments from parents whether they feel that the services have not met the needs that their children have or have been very happy and that it was the most wonderful thing that could have happened to those children. All of those perceptions are accurate, they are personal and they are very true. They are also very heart felt and emotional. There is systemic issues and deaf Ed and volatile. It has been volatile for years. You have people on this side and you have people to know this side and you have a pendulum that swings back and forth. And cochlear implants has made it that it is going to swing and then it is going to stay in one particular area.

But there is still going to be changes back and forth. It's not a blueprint and they didn't give us a map on where to go. But they also urged in their document careful consideration of any changes made. If we rethink how services are to be delivered we might take a look at a document that was put out called the national agenda, moving forward for deaf education. They identified eight particular goals to lack at. Early identification and intervention and they suggest that developing communication, language, cognitive skills, the earlier the better. We have heard that theme throughout this day. Language and communication access very important. That the child has access to education in their language and that they have access to communication with peers. Collaborative partnerships, Mary just spoke about that being a part of the law. There are many agencies that can work together to do this and they need to form those partnerships.

High stakes testing and we need to of data delivered programs to our students. Placement programs and services emphasizes that for our students. We can not take one child and except them to perform in a different environment. Professional standards and personnel preparation needs to be high quality. We need to look and see what can we do as a training corporation to help educate in teachers. Then finally, we need to use research to monitor and make sure that the programs are effective. We already had a presentation with respect to what some of the states are doing. Colorado and California have looked at other options. In Nebraska they closed their school and Maine has done a lot to change the perception of their school for the deaf and blind and then monitoring the effectiveness of that program. We need the documentation to show that it is educating the children in the way we think it should be. Basically what does all of this information need and how can it be used?

There was a lot of information here and this is an overwhelming task. The state has to look at it carefully and take owl the information that was presented and perhaps get more information from other states that have been through such changes. Where does Idaho go from here? We need to look at other programs and what we need and want. We need to get Harvey the legal mandate to do what he is actually doing and to bring it up to date. Some of it is not so in date. We have a great opportunity to provide services in Idaho and we need to do it with a base of practice not just based on hearsay and emotional appeals and what not. There needs to be carefully data driven decisions done and we need to do it soon if not immediately, but we need to do it right. We need to provide services for all the deaf and hard-of-hearing children not just on one extreme or the other. The prospectus that was given to you was prepared by faculty at Idaho state university and it is to take a look at and make recommendations to the state. It is not to stop in our tracks and let it die. It is to make decisions based on good information. Any questions?

Michael: When we look at the scientific method and practices out come, when we have sets of evidence not just one set of data, but more than one set they will not recommended each other. Any ideas on how to change that?

Mary: I think that will needs to be, if we were to design a study within the state there needs to be all people included. I think all the people that would be involved I Colonel wouldn't want to of someone with a bias in one particular area carrying out the entire study but look at all areas and see what they are going to be like. I don't know that we can totally control for all of those difference, but we can acknowledge them and see this is what one group says and provide options. Thank you madam Chairman.

Karen: Mary is right this whole thing has been a debate forever, but I think it is important to take it to new light. With that. Committee discussion. We have about 45 minutes and before we get to discussion I would like to let you know there are travel reimbursement claims and also the stuff for our next meeting.

Harvey: I would like to point out that ISDB staff provided this position paper forming the primary barriers and this was at the last meeting and that is in the packages.

Karen: Before we start the discussion I think we have had a lot of input and a lot of great input not only from the committee but the people in the audience and there is a lot to digest and our next meeting is in Gooding and we will be taking public input. We will try and have recommendations to the State Board of Education for the December meeting. With that I need to start this discussion.

Harvey's comments were not reflective of the State Board of Education. Those were comments and I wanted that on the table. Harvey has his feelings and we also respect him with our ideas. Changes are always uncomfortable. When we talk about doing many things it is uncomfortable and then with no child left behind that was uncomfortable. So we need to focus on the children and the families not just the economic impact on one town. These are the types of discussions that I hope we have and talk about what is the best for Idaho students. And with that I will open it up to anyone willing to comment.--

Christine: I think all the committee members have this. This was typed up from where your discussion last time. So that could help us with our discussion.

Milford: Just a part of discussion, it is hard to take everybody's sides today so I would like to have a collaborative thought and I would like to take it home. We have had a lot of public input and I would like to spend more time maybe the afternoon session in Gooding coming up and getting collaborative ideas from the committee itself. To sit here and try and state how I feel, somebody might take that as I brain storm here as he's going to push this and that is not where we want to go at this point. I don't think any of us have a clue about what we want to do. I have heard from the RN today which I thought it was very helpful and she did a great job with her presentation and produced a lot of good ideas along with a lot of other people today. So I feel before I would like to get into a discussion here I would caution people of going to somebody saying this is where they are going today and this is what we are going to do. I would rather save the discussion to the next meeting and spend the afternoon just dialoguing and throwing out ideas. So we only get a shot at it one time.

Michael: If I might add on to that just a little bit. One of the ways that I think would help with the discussion is moving toward making the most. It might not be a good idea to have some of these discussions.

Karen: We could e-mail those and then Christine could put them together and then we could just have some ideas for the meeting.

Wendy: What is the structure for the meeting for the next meeting. What we had is from 3 to 5 a committee meeting and then a working dinner from 5 to 6 and then from 6 to 9 a town hall discussion.

Milford: We had a town hall meeting in Boise and I got beat up pretty good. I don't know if he wanted my support or yours Marilyn, I couldn't figure that out.

Karen: So what time can you be there.

Wendy: I have a problem with all of these meetings. Thursday the 10th is a meeting that I have to go and it is from 9 till 5 and I talked to the chair as a way to construct the agenda so I could be Gooding by six. So since I represent this district and since I think it is very important that I be able to participate I have a little problem because that means that I have to leave at one and that is kind of hard. If there were more Democrats I would not have a problem.

Karen: You are just doing all of this I see you at every committee.

Christine: I don't know if Harvey has some comments or is there a way to.

Harvey: So the only way to do that would be to have a meeting after 8:30 p.m..

Milford: One of the problems that is going to happen is getting in a discussion of where you are trying to go and then you have a town hall that says why did you come here.

Karen: I feel the same way. We could have the town hall earlier and then have the discussion afterward.

Harvey: The town/community people are going to need to get there after work and that would be hard.

Milford: Could we set the meeting up and then meet the next day as a committee meeting. I am trying to accommodate and I know the ramifications of being from that area and maybe we could do something a little different there.

Karen: Perhaps if we had the town hall meeting from 4 to 6 and the people that could not make it beforehand could E-mail you.

Wendy: I think it should be at 5. I think a typical town meeting is at 5 and then if you open it from 5 to 7 you have accommodated the people there. What I suggested is what they did today and that was a three minute presentation. I think you have to have some kind of presentation in the beginning to talk about why the committee is this. Maybe a brief presentation on OPE report and then allow people to speak and, but I would also offer that I don't think you are going to be ready. I think the conference call is probably not a good idea. I think there should be another phase to the meeting.

Karen: I agree with that. Maybe that Monday before the state board meeting.

Hal: It is already put on people's calendars, we still have sometime before the meeting and maybe what you suggest that each one of us figure out based on what we have heard today and then on the tenth we could have something in writing as to how we think the structure might work and then we can debate on the consequences of certain ones of those ideas. Many of those are mesh, I don't mean a hundred percent, but maybe we can flesh that out and our expert staff can tell us that is the dumbest idea I've ever heard.

Wendy: So just to review what he said is you have a hearing in Gooding from five to seven and then visit from 7 to eight and then visit and if the 18th meeting.

Karen: We should probably talk to others and see.

Milford: If he is planning on a phone call he is probably not counting on attending the meeting. I think you have to have a face to face before you go and try to put in stuff together. I would rather meet on the 18th and do it all. We have the 18th marked off.

Karen: We meet in Pocatello for the presidential search. He probably said a phone call, so we could call in. We have an all day meeting in Pocatello. How about Monday the 28th?

Hal: What if we meet on the 18th. If you put down in your terms what you think it ought to be. Then on the 18th we see if there is a general consensus.

Karen: If Milford wants to chair that. Should we put down the 28th and ask Laird his opinion on that?

Milford: I think the two of you could talk about it.

Karen: I don't have a problem with that, but I know we have a meeting all day on that.

Wendy: If we did the 28th, could we do it at 9:30 rather than 9?

Karen: Yes. So if the 28th works out we can do that.

Christine: Would we be finalizing everything on the 28th and then typing it and presenting it on the 30th.

Karen: I don't think we will need to send it back out after that. I think we will have to come up with a consensus. We won't have any presentations it would just be working.

Hal: I will give these recommendations and we should not talk about whether or not they should include transition from one to the other and the timetable from one to the other. We will need some debate on that.

Milford: The debate will be within the committee not an outside open meeting with people there but we will not refer to the audience that day for input. It will simply be us grinding out amongst ourselves.

Karen: But I do think Christine had a good idea with it being mostly done on the 28th.

Mert: It would help me to rehear what our goals are and we could get in on a two hour debate and so could he restate for me and maybe when we have the meeting in Gooding also it might help to restate to them, but if it doesn't relate to our goal and some of it does.

Hal: We already have something.

Karen: Our goal is not the programs as much as what is good for the total population. Also we need to look at the school in Gooding and I think you are right, I think the recommendations are pretty much hashed out.

Christine: Maybe make copies of the scope.

Mike: Just for clarification, we have a meeting on the 10th in Gooding in the evening and then it is the phone conference on the 18th or the other meeting or do we know that?

Karen: He and I cannot be on the phone, but you know if he says Milford can meet and you can hash it out and then we will have another meeting on the 28th.

Milford: Regular meeting meanings that it is just going to be committee, the public can be there and listen, but there will be no open session. It is a closed session to the committee to grind this out on the 28th.

Karen: I apologize that when I saw the 18th it just didn't click.

Hal: When we are through so our recommendations can be well understood, we probably ought to convert it into an organization model so they can see it.

Karen: Probably after the 18th you can have that ready for the 28th, I would think.

Christine: As a new person, when you meet on the 28th or 29th would you like us to e-mail it to all the board members because it wouldn't be all the board materials, you would have the board packets and then to let everybody know that the December 1st meeting is in Pocatello so if any members would like to be at the meeting we can did you say the recommendations.

Karen: That would be great, it would help to show the support.

Wendy: Does that mean that the board members will get a copy of the OPE or do they already have it?

Karen: They have it.

Hal: Actually the Pocatello meeting is to do with the chips that go into the cochlear implants.

Karen: If you get there we can get you an agenda. Thank you, Mary, thank you Michael. Thank you everybody. Great.

Meeting adjourned at 3:00 pm.

The next meeting will be held in Gooding on November 10.